

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6	/						56						
7	/						57						
8	/						58						
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12		/					62						
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18		/					68						
19		/					69						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL	19						TOTAL						

FILING DATE	
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APPLICANT(S)

CLAIMS

TOTAL IND.
TOTAL
DEP.
TOTAL

TOTAL IND.	
TOTAL	
DEP.	
TOTAL	